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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 471130 4363280 AUTHORIZATION : COST LIMIT : ORDER DATE: November 5, 2018 ORDER TIME : 1:21 PM ORDER NO. : 471130-005 CUSTOMER NO: 4363280 DOMESTIC FILING NAME: INTERIM AGENCY SERVICES, INC. EFFECTIVE DATE: XX ARTICLES OF INCORPORATION ____ CERTIFICATE OF LIMITED PARTNERSHIP _____ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

_ CERTIFIED COPY _ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - EXT. 62925

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Interim	Agency Services, Inc. (IAS, Inc)			
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUPPIX)	
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:	
☐ \$70.00 Filing Fec	S78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of	
		ADDUTIONAL CO	Status	
		ADDITIONAL CO	DPY REQUIRED	
FROM:	vight Garner , VP			
	Nam	e (Printed or typed)		
160) l Sawgrass Corporate Parkway, Sui	te 220		
_	Address			
Sur	nrise, Florida 33323			
	City	, State & Zip	-	
954	-858-6000			
	Daytime 1	Celephone number		
Joy	Taylor@InterimHealthCare.com; Dg	gamer@Interimhealthcare.cor	n	
	E-mail address: (to be use	d for future annual report	notification)	

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporat	ion shall be: Interim Agency Services, Inc.		· ·	_%_
ARTICLE II PRINC		Mailing address, if differ	ent is:	ري ا
1601 Sawgrass Corpora	te Parkway, Suite 220	SAME AS PRINCIPAL OFFICE	:	<u> </u>
Sunrise, Florida 33323			<u></u> -	
ARTICLE III PURPO The purpose for which the	DSE Purchase and e corporation is organized is:	Service Insurance Products and Services	S	
	L OFFICERS AND/OR DIRECTORS Kethleen Gilmentin, CEO (interior)	Name and Title:		
Address	Sunrise, Florida 33323	Address:		
Name and Title:	Dwight E. Garner, VP Insurance Services	Name and Title:		
Address	1601 Sawgrass Corporate Parkway, Ste 220 Sunrise, Florida 33323	Address:		
Name and Title		Name and Title:		
Address				
			-	

Name and Title:		Name and Title:		
Address		Address:	<u> </u>	
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			<u>.</u> .	
	REGISTERED AGENT		4 (
The name and F	lorida street address (P.O. Box NOT acceptable) of	the registered agent is:	,	
Name:	Corporation Service Company			
Address:	1201 Hays Street			
	Tallahassee, FL 32301			
Abrica e va	MOORRON (TAR			
AKTICLE VII	<u>INCORPORATOR</u>			
The name and ac	Idress of the Incorporator is:			
Name:	Dwight Garner			
Address:	1601 Sawgrass Corporate Parkway, Ste 220			
	Sunrise, Florida 33323			
Effective date, if	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and cannot	. (OPTIONAL) be more than five days prio	r or 90 days after the	
	inserted in this block does not meet the applicable sfective date on the Department of State's records.	statutory filing requirements, the	his date will not be listed as	
this certificate, I	ned as registered agent to accept service of process am familiar with and accept the appointment as regervice Company Required Signature Registered Agent Victoria	stared agent and agree to and	on at the place designated in this capacity	
document to the	unent and affirm that the facts stated herein are to payment of State constitutes a third degree felony red Signature incorporator	rue. I am aware that the fals. as provided for in s.817.155,	e information submitted in a F.S.	